								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 / 08287 444													
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY OTHER THAN				
TOTAL CLAIMS 12								RATE	FEE	OF		ENTITY	
-	OR .		NUMBER FILED		NUMBER EXTRA		1.	BASIC FI			RATE	FEE	
_			17/2		NUM	NUMBER EXILA		5A316 P	EE 385.00	OF	BASIC FEE	770.00	
T	OTAL CHARGE	ABLE CLAIMS	14 - m	inus 20=	7-1			X\$ 9=		OR	X\$18a		
IN	DEPENDENT (CLAIMS	6	ninus 3 =		3		x43= 129		OR	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		٦.,	+290=		
* If the difference in column 1 is less than zero, enter *0" in column 2									700	OR	TOTAL	<u></u>	
CLAIMS AS AMENDED - PART II									127	10~	OTHER	THAN	
	(Column 1) (Column 2) (Column 3)								ENTITY	OR	SMALL		
AMENDMENT A	3-5-04	CLAIMS REMAINING AFTER AMENDMENT		MIGHE NUMB PREVIO PAID F	ER	PRESENT EXTRA		RATE	ADDI/ TIONAL FRE		RATE	ADDI- TIONAL FEE	
₹	Total	. 47	Minus	- 4-)	• 0		X\$\9=	17	OR	X\$18=		
KE	Independent	٠ رو	Minus	••• (• D		X43=	V-		X86=		
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-		*	RO			
							L	+145=	17	OR	+290=		
					•	•	A	TOTAL DDIJ. FEE		OR ,	TOYAL NDOT FEE		
_	12-5-06	(Column 1)		(Colum		(Column 3)		<u>/</u>	. '		•		
		REMAINING AFTER AMENDMENT		NUMBI PREVIOL PAID FI	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
- MCNOWCNI	Total	• 47	Minus	• 4	7	. —		X\$ 95	./	OR	X\$18=		
	Independent	٠ (۵	Minus	999 (,	•	r	X43=	<i>/</i> ·	OR	X86m		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┢						
		•					L	+145=/		OR	+290=		
									لـنِــا	OR A	DOIT, FEEL		
_		(Column 1)		(Cotumn		(Column 3)	عده	•				·	
	7-3-0	REMAINING AFTER AMENDMENT		MIGHES NUMBE PREVIOU PAID FO	A SLY	PRESENT EXTRA	F	RATE	ADDY TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 25	Minus	-47	,	.0	1	C\$ 9=	77		X\$18=		
Ī	ndependent	. 3	Minus	-6		-0	-	-	A I	DR			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						L	K43=		OR	X86-		
-							1 .	145-	41	OR	+290°.	- 1	
. 11 (the "Highest Num	on 1 is less than the ober Proviously Pai	For IN THIS	SPACE IS DE	ss then	20. eater "20."	400	YO'AL UT FEE	7); (DR	TOTAL		
-11	the "Highest Nurt	aber Previously Paid per Previously Paid	d for IN THIS	SPACE is to	ss then	3. enter '3."				~	1017, FEE L M. 1.		
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FORM PTO-675 (Rev 1000)